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(33) Russia (SU)
(44) Complete Specification published 16 Oct. 1974
(51) International Classification A61M 1/00 25/00
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and LEV NIKOLAEVICH MARTYNOV



(54) DEVICE FOR FACILITATING CARDIAC ACTION

(71) Wör Wurmen

ERRATUM

SPECIFICATION NO 1370546

Page 1, Heading, (72) Inventors, for VLADIMIR PANTELEI MONOVICH KHRENOV read
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THE PATENT OFFICE
11 April 1975

R 21463/6

and by the following statement:—

The present invention relates to medical equipment and more particularly it relates to apparatus for facilitating cardiac action employed in cases of contractile incompetence of the heart during myocardial infarction, cardiogenic shock, etc.

Known in the art is an apparatus for
20 facilitating cardiac action comprising a
pump for cardiosynchronized pumping of
blood and a short catheter introduced into
the left ventricle of the heart through a
section in the wall of said ventricle and
25 communicating with the suction side of the
pump through a pipe. The pump outlet
communicates with the aortic arch through
another catheter inserted into the aorta
through a cut in its wall. The pump sucks
30 blood from the left ventricle through the
first short catheter and delivers it into the
aortic arch.

A disadvantage of the known device for facilitating cardiac action lies in that its employment involves a heavy cavitory operation, viz., exposure of the heart, dissection of the upper part of the left ventricle, introducing and fastening in it a short catheter leading from the suction side of the pump, cutting the wall of the aorta and suturing in a short catheter communicating with the delivery side of the pump.

The above-mentioned operation renders

synchronised pumping of blood and a catheter communicating with the pump and having a proximal end part for introduction into the left ventricle of the heart through the aortic arch, said catheter end part being provided with an inlet valve for enabling the pump to draw in a portion of blood from said ventricle and said catheter being provided with an outlet valve for enabling the pump to force said portion of blood into the aortic arch, said outlet valve being located at a distance from the proximal end part of the catheter which would enable said outlet valve to be located in the aortic arch when the proximal end of the catheter is fully inserted into the left ventricle.

The apparatus according to the invention can be used without a heavy cavitory operation (section through the wall of the upper part of the left ventricle and dissection of the wall of the aortic arch), it can be readily and speedily used in case of grave myocardial infarction, cardiogenic shock and acute heart weakness and can be employed in a clinic, a hospital, in special motor ambulances or as a domiciliary treatment.

An embodiment of the invention will now be described in detail by way of example with reference to the drawings, in which:

Fig. 1 is a schematic diagram of apparatus in accordance with the invention for

SEE ERRATA SLIP ATTACHED

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(54) DEVICE FOR FACILITATING CARDIAC ACTION

(71) We, VSESOUJZNY NAUCHNO-
 ISSLEDOVATELSKY I ISPYTATEL'NY INSTITUT
 MEDITSINSKOI TEKHNIKI MINISTERSTVA
 ZDRAVOOKHRANENIA SSSR, an enterprise
 organised and existing under the laws of
 the Union of Soviet Socialist Republics
 (USSR) of 3 ulitsa Kasatkina, Moscow,
 USSR, do hereby declare the invention, for
 which we pray that a patent may be granted
 to us, and the method by which it is to be
 performed, to be particularly described in
 and by the following statement:—

The present invention relates to medical
 equipment and more particularly it relates
 to apparatus for facilitating cardiac action
 employed in cases of contractile incompet-
 ence of the heart during myocardial infarction,
 cardiogenic shock, etc.

Known in the art is an apparatus for
 facilitating cardiac action comprising a
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 pump through a pipe. The pump outlet
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 first short catheter and delivers it into the
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A disadvantage of the known device for
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 operation, viz., exposure of the heart, dis-
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 tricle, introducing and fastening in it a
 short catheter leading from the suction side
 of the pump, cutting the wall of the aorta
 and suturing in a short catheter communi-
 cating with the delivery side of the pump.

The above-mentioned operation renders

said apparatus practically useless in case
 of heavy myocardial infarction and cardio-
 genic shock, i.e. just when aid of this kind
 is justified and indispensable.

An object of the present invention is to
 obviate or mitigate the disadvantages out-
 lined above.

According to the present invention there
 is provided apparatus for facilitating cardiac
 action, comprising a pump for cardio-
 synchronised pumping of blood and a
 catheter communicating with the pump and
 having a proximal end part for introduction
 into the left ventricle of the heart through
 the aortic arch, said catheter end part be-
 ing provided with an inlet valve for en-
 abling the pump to draw in a portion of
 blood from said ventricle and said catheter
 being provided with an outlet valve for en-
 abling the pump to force said portion of
 blood into the aortic arch, said outlet valve
 being located at a distance from the proxi-
 mal end part of the catheter which would
 enable said outlet valve to be located in
 the aortic arch when the proximal end of
 the catheter is fully inserted into the left
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The apparatus according to the invention
 can be used without a heavy cavitory opera-
 tion (section through the wall of the upper
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 motor ambulances or as a domiciliary treat-
 ment.

An embodiment of the invention will now
 be described in detail by way of example
 with reference to the drawings, in which:

Fig. 1 is a schematic diagram of apparatus
 in accordance with the invention for

SEE ERRATA SLIP ATTACHED

facilitating cardiac action and shows a catheter of the apparatus implunged into the left ventricle of the heart;

Fig. 2 is an enlarged longitudinal section of the inner end part of the catheter shown in Fig. 1;

Fig. 3 is a similar view to that shown in Fig. 2 but showing blood being sucked into the catheter;

Fig. 4 is a similar view to that shown in Figs. 2 and 3 but showing blood being forced into the aortic arch.

Apparatus for facilitating cardiac action comprises a pump 1 (Fig. 1) e.g. a diaphragm pump, for cardiosynchronised pumping of blood, and a catheter 2 communicating with the pump, the catheter having a proximal end part for introduction into the left ventricle of the heart through the aortic arch (Fig. 1). The proximal end part is provided with an inlet valve 3 for enabling the pump 1 to draw in a portion of blood from the left ventricle 4 via the catheter during each intake stroke of the pump and an outlet valve 5 is provided on the catheter at a spaced apart location from the proximal end so that the outlet valve is located in the aortic arch when the proximal end of the catheter is fully inserted into the left ventricle, whereby in use the pump is able to force a portion of blood into the arch of the aorta 6 via the catheter during each exhaust stroke of the pump. The inlet valve 3 is made in the form of slotted openings 7 (Fig. 2) closed with elastic tongues 8 located on the inside surface of the catheter 2 while the outlet valve 5 consists of slotted openings 9 closed by elastic tongues 10 on the external side of the catheter 2.

The illustrated apparatus for facilitating cardiac action is used as follows.

To implunge the catheter into the heart, one of the peripheral arteries, e.g. the left subclavian artery is exposed, its wall is dissected and the catheter 2 is inserted through the cut into the arch of the aorta 6 (Fig. 1) towards the aortic valves of the left ventricle 4. The proximal end of the catheter having the inlet valve 3 of the catheter 2 passes through the valve hole of the left ventricle 4 and enters the inside space of said ventricle. The inlet valve 3 is positioned in said space in such a manner as to locate the outlet valve 5 of the catheter 2 in the ascending part of the arch of the aorta 6, in the space above the aorta valves. The position of the catheter 2 can be controlled with the aid of a television X-ray apparatus.

The illustrated apparatus operates as follows.

After starting the pump 1, a vacuum is built up in its chamber at the end of diastole and during the systole and the blood is drawn from the left ventricle 4 through the slotted openings 7 (Fig. 3) of the inlet valve 3 into the catheter 2 and thence into the chamber of the pump 1 (Fig. 1). Meanwhile the slotted openings 9 (Fig. 3) of the outlet valve 5 are closed by the elastic tongues 10 (the direction of blood circulation is shown by arrows).

At the end of the systole an overpressure is built up in the chamber of the pump 1 (Fig. 1) and the blood is delivered from said chamber through the catheter 2 and slotted openings 9 (as shown by arrows in Fig. 4) into the arch of the aorta 6 (Fig. 1). Meanwhile the slotted openings 7 (Fig. 4) are closed.

An advantage of the above described apparatus is that it reduces and simplifies surgical intervention in assisting an affected heart, in that it can be easily and speedily connected to a heart in cases of heavy myocardial infarction.

WHAT WE CLAIM IS:—

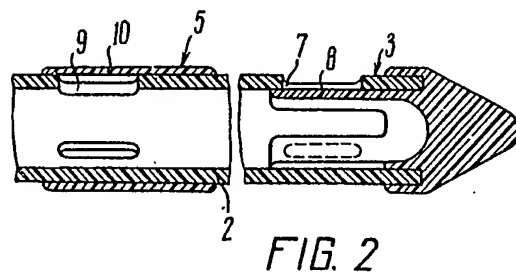
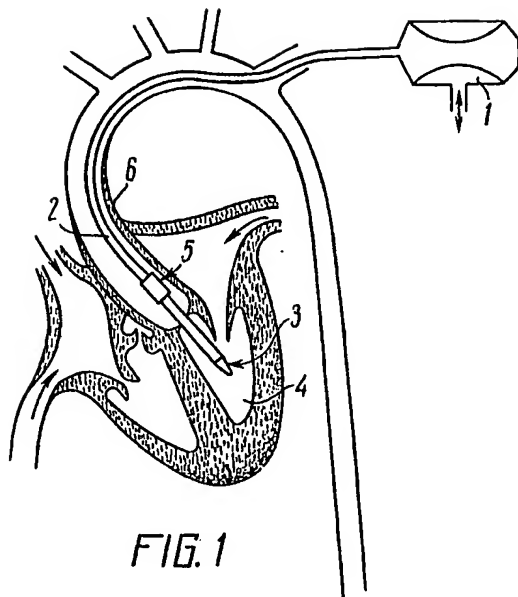
1. Apparatus for facilitating cardiac action, comprising a pump for cardiosynchronised pumping of blood and a catheter communicating with the pump and having a proximal end part for introduction into the left ventricle of the heart through the aortic arch, said catheter end part being provided with an inlet valve for enabling the pump to draw in a portion of blood from said ventricle and said catheter being provided with an outlet valve for enabling the pump to force said portion of blood into the aortic arch, said outlet valve being located at a distance from the proximal end part of the catheter which would enable said outlet valve to be located in the aortic arch when the proximal end of the catheter is fully inserted into the left ventricle.

2. Apparatus for facilitating cardiac action, substantially as hereinbefore described with reference to the accompanying drawings.

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COMPLETE SPECIFICATION

2 SHEETS

*This drawing is a reproduction of
the Original on a reduced scale
Sheet 2*

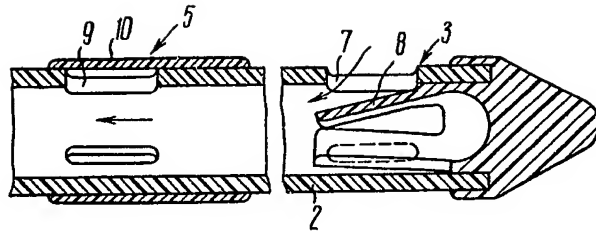


FIG. 3

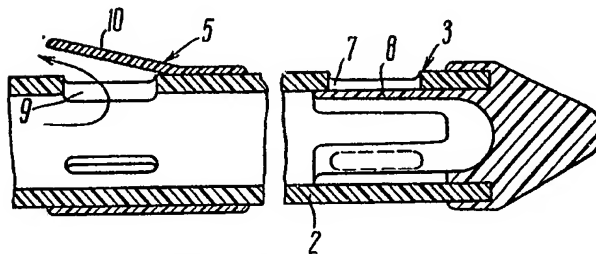


FIG. 4